

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA BOARD OF ATHLETIC TRAINERS

237 Coliseum Drive, Macon, Georgia 31217

Phone: (404) 424-9966 * sos.ga.gov/georgia-board-athletic-trainers

APPLICATION FOR LICENSURE • ATHLETIC TRAINER

Application Fee \$60.00 (\$50.00 application fee + \$10.00 processing fee - non-refundable & non-transferable)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

NOTE: APPLICATIONS ARE VOID AFTER 60 DAYS FROM THE DATE OF NOTIFICATION OF APPLICATION DEFICIENCIES. IF ALL REQUIRED SUPPLEMENTAL DOCUMENTS ARE NOT RECEIVED WITHIN THAT 60-DAY WINDOW YOUR APPLICATION WILL BE WITHDRAWN AND YOU WILL NEED TO RE-APPLY.

Method Obtained By:

Applicant is applying for the above reference license by:

() Board Of Certification (BOC) for Athletic Trainers (<http://www.bocate.org>)

() Endorsement/Reciprocity: Current State of Licensure _____

NAME: _____

(Please Print Clearly) Last First Middle (Maiden)

Name as shown on documents or transcripts (If different than above):

_____ Last

_____ First

_____ Middle

HOME ADDRESS: _____

Physical Street Address (P.O. Boxes **Not Acceptable**) Apt. No. City State Zip Code

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS):

Street (P.O. Box **IS** Acceptable) Apt. No. City State Zip Code

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

TELEPHONE NUMBER (DAY) _____

TELEPHONE NUMBER (EVENING) _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: ____/____/____

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295 §§ 551, 20 & 1001)

U.S.C.A

EMAIL ADDRESS _____

Note: Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

☐ Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34.

- INSTRUCTIONS:** Please read and be familiar with the Laws and Rules governing the practice of Athletic Trainers in the State of Georgia. The rules are available on the website at sos.ga.gov/georgia-board-athletic-trainers.
- Please print complete application in ink, and print clearly.
 - Please review the application before you submit it to ensure that all information and documentation is complete and correct and that you have attached all supporting documents or requested they be sent to the Board as directed.
 - A Secure & Verifiable Document (SVD) is required with all applications. See pages 5 & 6 of this application for information.

PART 1 – EDUCATION

Note: If NOT CURRENTLY BOC certified, provide a copy of your diploma or a transcript showing a graduation date as documentation of satisfactory completion of an athletic training curriculum from a college or university approved by the Board.(All applicants: please enter the information requested below).

NAME OF UNIVERSITY/COLLEGE:

DATES ATTENDED:

DATE OF GRADUATION:

DEGREE RECEIVED:

MAJOR:

PART 2 – LICENSURE IN ANOTHER STATE OR JURISDICTION

- ☐ I currently hold License # _____ from the State of _____.
License issue date: _____. The expiration date is: _____.
- ☐ I have requested verification of this license be mailed to the Georgia AT Board, 237 Coliseum Drive, Macon, Georgia 31217-3858, **OR** e-mailed in a PDF format to PLB-Healthcare2@sos.ga.gov. **License verifications are required if you have ever held ANY professional license in another state, regardless of current status. If you require more space to list all of your licenses, write them on another piece of paper and attach it to the application.**

PART 3 – BOC CERTIFICATION

- ☐ I have asked the Board of Certification (BOC) to verify, in writing, the status of my certification number and submit the documentation directly to: Georgia AT Board, 237 Coliseum Drive, Macon, Georgia, 31217-3858, **OR** e-mail in a PDF format to PLB-Healthcare2@sos.ga.gov.

PART 4 – BACKGROUND

If you answer “YES” to any of the following questions, please attach a detailed, letter of explanation and a certified copy of the official document that indicates the settlement agreement and/or final disposition of the action, (such as a Board order, court indictment, police record, certified warrant/court dismissal, verdict of first offender treatment).

- ☐ Yes ☐ No 1. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any Board or Agency in Georgia or any other state?
- ☐ Yes ☐ No 2. Have you ever had a license to practice any profession or had your membership revoked, suspended or annulled or otherwise disciplined, including by private order?
- ☐ Yes ☐ No 3. Have you ever failed to renew any license or certification issued to you by any Board or Agency in Georgia or any other state because of pending disciplinary action or investigation?
- ☐ Yes ☐ No 4. Have you previously applied for the same license for which you are currently applying?
If “yes” name under which application was submitted _____
- ☐ Yes ☐ No 5. Have you been employed as an Athletic Trainer, Student-Trainer, Athletic Trainer Assistant for compensation? If “yes” provide a copy of the verification of employment form to your employer to complete and submit to the Board office.

- ☐ Yes ☐ No 6. Other than minor traffic violations, have you ever been arrested or convicted of a felony or misdemeanor? (DWI/DUI are not considered minor traffic violations) For purposes of this questions, a "conviction" includes a finding of verdict of guilty, a plea of guilty, or a plea of nolo contendere in a criminal proceeding regardless of whether an appeal of the conviction has been sought, and also includes any adjudication of guilt or sentence withheld or not entered pursuant to the provisions of Code Sections § 42-08-64, relating to first offenders, or any comparable rule or statute.
- ☐ Yes ☐ No 7. Are you currently unable to practice safely due to illness or use of alcohol, drugs, narcotics, chemicals or any other substances, or as a result of any mental or physical condition? If yes, submit a notarized physician statement relevant to your diagnosis and treatment.
- ☐ Yes ☐ No 8. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- ☐ Yes ☐ No 9. Have you ever had your Medicaid and/or Medicare privileges revoked or restricted? If yes, submit a letter of explanation and a copy of official documents relevant to the action.
- ☐ Yes ☐ No 10. To your knowledge, are you or have you been the subject of an investigation by any hospital, insurance provider or agency in Georgia or in any other state?
- ☐ Yes ☐ No 11. Have you become familiar with the laws and rules governing the practice of Athletic Trainers in the State of Georgia.

PART 5 - AFFIDAVIT OF APPLICANT

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application, including accompanying statements and all official documents, are true and correct to the best of my knowledge and belief. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. Further, I consent to a thorough investigation of my education and employment record and other information that may be necessary to verify my qualification for practice as an Athletic Trainer.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 5 & 6 of this application.
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.** See pages 4 & 5 of this application.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Athletic Trainers and/or criminal prosecution.

Date

Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires _____

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

License Type Applied for: Athletic Trainer

Name _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]1

_____ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law2 [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.



Office of the Secretary of State
Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- ☐ This authorization is valid for _____ days from date of signature.
- ☐ I, _____, give consent to the above-named entity
to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

COMPLETE, AND ASK THE EMPLOYER TO MAIL THIS FORM DIRECTLY TO THE BOARD:

GEORGIA BOARD OF ATHLETIC TRAINERS, 237 COLISEUM DRIVE, MACON, GEORGIA 31217

GEORGIA BOARD OF ATHLETIC TRAINERS

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most **employer (Personnel Director, Human Resources Department)** who can provide verification of your practice as an Athletic Trainer, Student-Trainer, Assistant-Trainer, or similar position.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as an Athletic Trainer to the Georgia Board of Athletic Trainers. I understand this information is required as part of the application for licensure process

Name Printed Applicant Signature

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:

1. Complete Section II of this form.
2. Athletic Trainer, Student-Trainer, Assistant-Trainer, or similar position employment must have been for compensation.
3. Mail the form directly to Board office. **Do not give to applicant.** Mail to: Georgia Board of Athletic Trainers, 237 Coliseum Drive, Macon, Georgia 31217-3858

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Location: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____

4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

Sworn to and subscribed before me this

_____ day of _____, 20____

Signature of Employer

Notary Public Signature

My commission expires: _____

(notary seal)